

SIE-104

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

DIRKMANN, ET AL

Serial No.: 09/284,581

Filed: April 15, 1999

For: METHOD FOR HANDLING
SERVICE CONNECTIONS IN A
COMMUNICATIONS NETWORK

Art Unit: 2663

Examiner: Mehra, Inder P.

AMENDMENT

Box: Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Action mailed on July 30, 2002, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

IN THE SPECIFICATION:

Please replace paragraphs the third and fourth paragraphs on page 2, lines 8-26, as shown in the attached sheet(s).

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OCT 31 2002

Technology Center 2600



8/B
10/31/02

Approved
10/31/02

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s):

Docket No.

SIE-104

Serial No.

09/284,581

Filing Date

April 15, 1999

Examiner

Mehra, I. P.

Group Art Unit

2663

Invention:

METHOD FOR HANDLING SERVICE CONNECTIONS IN A COMMUNICATIONS NETWORK

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED

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	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

Michael A. O'Brien

Signature

Dated:

October 30, 2002

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: